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COMMITTEE ON VETERANS' AFFAIRS
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Good morning, Chairman Bergman, Ranking Member Kuster, and Members of the Committee. Thank you for the opportunity to discuss VA telehealth, telehealth information technology (IT), and our home telehealth program. I am accompanied today by Dr. Pam Reeves, Medical Center Director of the John D. Dingell VA Medical Center (VAMC) in Detroit, Michigan and Dr. Alan Constantian Deputy Chief Information Officer for the Office of Information and Technology and VHA Account Manager for Clinical Functions.

Introduction

VA Telehealth is a modern, Veteran- and family-centered health care delivery model. It leverages information and telecommunication technologies to connect Veterans with their clinicians and allied or ancillary health care professionals, irrespective of the location of the provider or Veteran. It bridges enhanced access and expertise across the geographic distance that would otherwise separate some Veterans, including those in rural areas, from the providers best able to serve them.

Telehealth is mission-critical to the future of VA care. Its potential to expand access and augment services is both vast and compelling. While telehealth is capable of enhancing the health care system in multiple ways, three are specifically essential for the successful operation of our national, integrated VA enterprise.

First, telehealth increases the accessibility of VA care. It brings VA provider services to locations most convenient for Veterans, including for those Veterans with mobility or other health challenges that make travel difficult. Through telehealth, Veterans are able to receive care in their community-based clinic and at home.

VA is committed to increasing access to care for Veterans and has placed special emphasis on those in rural and remote locations. This means transitioning from older systems and a health care delivery model that has been in place for decades to a system that works for Veterans and is focused on contemporary practices in access. VA is empowering Veterans and their caregivers to be in control of their care and make interactions with the health care system a simple and exceptional experience.

Second, telehealth increases quality of care. It enables VA to model its services so that national experts in rare or complex conditions can effectively care for Veterans with those conditions, regardless of the Veterans' location in the country. Telehealth leverages health informatics, disease management principles, and communications technologies to deliver care and case management to Veterans. Telehealth changes the location where health care services can be provided, making care accessible to Veterans in their local communities and their homes.

Third, telehealth enhances the capacity of VA clinical services for Veterans in rural and underserved areas. The mission of VA Telehealth Services is to provide the right care in the right place at the right time through the effective, economical, and responsible use of health information and telecommunications technologies. This is accomplished by empowering VA to hire providers in major metropolitan areas, where there is a relative abundance of clinical services, for the purposes of serving Veterans in rural and even frontier communities where medical services may be insufficiently available.

Leveraging telehealth technologies affords VA an opportunity to increase access to care for Veterans, especially for those in rural or underserved areas. It allows Veterans access to VA health providers or services that may otherwise be unobtainable locally. Telehealth is now considered mission-critical for effectively delivering quality health care to our Veterans. VA remains committed to ensuring that America's Veterans have access to the health care they have earned through their service, and we will continue to expand telehealth services to meet the growing needs of our Veterans.

VA Telehealth By The Numbers

VA is recognized as a world leader in the development and use of telehealth technology. To ensure excellence in care delivery, VA aspires to elevate and expand telehealth in the coming years. VA has substantially increased access to care for Veteran patients using telehealth services and is a recognized pioneer in the practice of telehealth. Since 2002, over two million Veterans have accessed VA care through telehealth services, and Veterans are utilizing more telehealth services from VA than ever before. In fiscal year (FY) 2016, of the more than 5.8 million Veterans who used VA care, approximately 12 percent received an element of their care through telehealth for a total of 2.17 million telehealth visits. This represented more than 702,000 Veterans, with 45 percent of those Veterans served living in rural areas. In total, this amounted to over 2.17 million telehealth episodes of care.

VA recognizes three broad category types of telehealth to deliver services to Veterans in 50 clinical specialties. The first of the three categories, Clinical Video Telehealth, is defined as the use of real-time interactive video conferencing to assess, treat, and provide care to a patient remotely. Typically, Clinical Video Telehealth links a Veteran at a clinic or his or her home to a provider at a VA medical center in another location. Clinical Video Telehealth allows clinicians to engage patients in the comfort and convenience of their homes and facilitates delivery of a variety of clinical services

including primary and specialty care. Clinical Video Telehealth means that instead of having the cost and inconvenience of the Veteran traveling by road, rail, or air to see a provider, the VA provider delivers care through telehealth to the Veteran. VA Video Connect represents the next step for Clinical Video Telehealth. It provides fast, easy, encrypted, real-time access to VA care. It allows for video health care visits, such as telemental health visits, where a hands-on physical examination is not required. It also makes it easier for Veterans to choose where they'd like to receive services, whether those services are in their home or any other place the Veteran desires.

Cumulative Veterans using the Real Time/Clinic Based Video Telehealth program:

Fiscal Year	July	EOFY
FY15	247,942	282,319
FY16	269,135	307,985
FY17	293,291	

The second category of telehealth is Store-and-Forward Telehealth, which is the use of technologies to asynchronously acquire and store clinical information (such as data, images, sound, and video) that is then assessed by a provider at another location for clinical evaluation. VA's national Store- and-Forward Telehealth programs deliver services such as Dermatology and Retinal Screening, where a health care provider can use a photo or a series of photos for diagnosis or triage.

Cumulative Veterans using the Store and Forward Telehealth Program:

Fiscal Year	July	EOFY
FY15	249,489	298,802
FY16	254,018	304,760
FY17	257,282	

In FY 2016, the number of Veterans treated by Clinical Video Telehealth and Store and Forward Telehealth in Michigan was more than 11,800. This was accomplished via more than 33,000 telehealth encounters. Compared to the previous fiscal year, these two telehealth modalities in Michigan grew by approximately 13 percent in encounters and 14.5 percent in unique Veterans treated.

The third broad category of telehealth is Home Telehealth. Home Telehealth uses VA-provided devices via regular telephone lines, mobile broadband, or cellular modems, or Veteran-owned devices using landline or mobile phones for interactive voice response, or Veteran-owned smart phones, laptops, or tablets via secure web browser, to connect a Veteran with a VA care coordinator, most often a registered nurse. Overall, 68 percent of Veterans participating in VA Home Telehealth use a VA-supplied home telehealth vendor contracted device and 29 percent use their own personal device (3 percent are not yet assigned at time of data capture). There are none using a mix of both at this time. For the 29 percent Veterans utilizing their own device, 24 percent use Interactive Voice Response (IVR) using Veteran's own landline or mobile phone and 5 percent use Web-Enabled Browser using Veteran's PC, laptop, smartphone or tablet to access a secure vendor website.

Using Home Telehealth technologies, the VA care provider can monitor the Veteran's health status, provide clinical advice, and facilitate patient self-management as an adjunct to traditional face-to-face health care. The goal of VA's Home Telehealth program is to improve clinical outcomes and access to care while reducing complications, hospitalizations, and clinic or emergency room visits for Veterans who are at high-risk due to a chronic disease (e.g., Diabetes). Not every patient is suitable for this type of care; however, for those Veterans who are, Home Telehealth can help them live independently and spend less time on medical visits. Over 85,000 Veterans are regularly using Home Telehealth services. VA found that patients easily learn how to use their Home Telehealth technologies and are highly satisfied with the program. Home Telehealth makes it possible for Veterans to become more involved in their medical care and more knowledgeable about their conditions, providing an opportunity to more effectively self-manage their health care needs.

All Veterans enrolled in the Home Telehealth program are assessed and assigned to a Category of Care. This assessment is completed using the Continuum of Care Form and is based on the Veteran's behavior, symptoms, cognitive status, living situation, caregiver support, functional ability (activities of daily living), and prognosis. The Veteran is reassessed every six months and when there is any change in status.

The Categories of Care (in descending order of health care complexity) include:

- Non-Institutional Care (NIC) – Includes Veterans with deficits in three activities of daily living (ADL), one or more behavioral / cognitive deficits, or less than six months to live. If a Veteran does not meet one of these requirements but has two or more ADL deficits in combination with three or more deficits in instrumental activities of daily living (IADLs) or is age 75 or older, lives alone, or has 12 or more clinic encounters in the past 12 months, they also meet NIC criteria
- Chronic Care Management (CCM) – Includes Veterans who do not meet NIC criteria but who have one or more chronic illnesses amenable to Home Telehealth care and require on-going intensive case management, monitoring, and interventions.

- Acute Care Management (ACM) – Includes Veterans with short-term clinical needs such as, but not limited to, post-operative care, transition management, or post-hospital care (enrollment <=6 months).
- Health Promotion / Disease Prevention (HPDP) – Includes Veterans who have a primary need for health promotion, disease prevention, and self-management education for maintaining healthy behaviors. This category also includes any enrolled Veterans (including those who meet NIC criteria) who respond less than 70% of the time through the technology for at least 90 days.

The categories of care represent different levels of workload for the care coordinators. Based on the national recommendations, care coordinators monitoring more complex patients are expected to monitor fewer patients than a care coordinator with less complex patients. The needs of the Veterans served at a local VA facility help determine the strategy for the panel size mix and the panel size for the Care Coordinators.

Cumulative Veterans using the Home Telehealth program:

Fiscal Year	July	September
FY15	145,720	156,016
FY16	140,429	150,620
FY17	136,650	

VA OIG Reports

Between 2013 and 2014, the VA Office of the Inspector General (OIG) audited the management of VHA's Home Telehealth program and provided their final report in 2015. As part of their audit, the OIG analyzed outcomes for about 15,600 patients in the six months following their enrollment in the Home Telehealth Program, and concluded that "the program was successful in reducing inpatient admissions for all three main patient categories" of enrollment, inclusive of the Non-Institutional Care (NIC), Chronic Care Management (CCM), and Health Promotion/Disease Prevention (HPDP) enrollment categories. In its conclusion, the OIG described the program as a "transformational modality for delivering quality healthcare that is convenient and accessible to veterans who cannot travel or who live hours away from the medical facility."

However, the OIG also concluded that the VA "missed opportunities to expand enrollment for Non-Institutional Care," the category of enrollment with the best outcomes based on their analysis methodology. In response, they recommended, and

VHA agreed, to system enhancements that would help identify demand for NIC enrollments and establish new performance measures to promote enrollment of NIC patients into the Home Telehealth Program. In response, VHA addressed the following three OIG Action Items such that OIG closed its report on December 2, 2016:

1. **Revised Care Assessment Need (CAN) Score Report:** In February 2016, VA completed modifications to the CAN score report so that it would automatically identify patients at risk for institutional care who might benefit from Home Telehealth (HT) as a NIC patient. The CAN score is a tool used by PACT teams to identify patients at highest risk of health care decline so that appropriate care and services can be targeted to intervene appropriately to improve outcomes and reduce utilization. Guidance and training regarding this modification was communicated nationally to VHA Patient Aligned Care Teams (PACT) and other appropriate services/providers so they can use the CAN score report to identify and refer patients to Home Telehealth that potentially meet NIC criteria. This training was also provided to HT staff so they could proactively identify patients at risk for institutional care who likely fall under the NIC Category of Care for HT.
2. **Created and Implemented HT National Templates:** In addition to the modification to the CAN Score report, national HT reminder dialog templates were completed and have recently been released to the field. The reminder dialog templates help standardize home telehealth documentation but also remind home telehealth staff to reassess their enrolled patients at specified intervals to ensure they are in the most appropriate category of care, including the NIC category of care. In addition to correctly assigning Veterans to the correct enrollment category, the templates will facilitate the creation of national home telehealth reports because they include nationally standardized data elements. As an example of a potential report, VA Telehealth services would be able to assess the overall percentage of Veterans enrolled in the program who have not had their category of care assessed in a designated time period.
3. **Defined NIC Quality Indicators:** At the start of FY 2017, VHA proposed NIC quality indicators that employed a population-based model analyzing the number of Veterans from the previous year to determine specific number-related NIC performance indicators for each VISN. This proposal was presented on the national VISN leads Program Manager call in August 2016 and was included in a report to the OIG.

This proposal, however, raised concerns among Telehealth field staff and was ultimately not enacted. VHA recognized that the initial proposal for FY2017 clinical indicators needed revision to help avoid unintended consequences of a new metric.

Following discussions in the third and fourth quarter of FY 2017, a new proposal for a NIC enrollment quality indicator has been developed that targets 50 percent NIC enrollment by mid-year FY 2018 and 55 percent by the end of FY 2018.

The proposal has been presented to the Performance Accountability Work Group (PAWG), VISN Telehealth Leads council, and National Telehealth Advisory Board with the expectation of enacting the new quality indicators in FY 2018.

Future of VA Telehealth

As recently announced on August 3rd, 2017, by the President and VA Secretary Dr. David Shulkin, VA has begun several initiatives using telehealth technology and mobile applications to connect with more Veterans and provide services where they live.

VA has sent a proposal to the Office of Management and Budget (OMB) to address barriers that are adversely affecting our ability to deliver telehealth services to our Nation's Veterans. Once OMB is done reviewing this proposal, VA will make it publicly available for comment. We encourage all affected stakeholders to send in comments, and we look forward to working with all parties to make this proposal as workable and effective as possible for all Veterans who seek VA health care services.

VA is also initiating the nationwide rollout of a new application called VA Video Connect. VA Video Connect provides a secure and web-enabled video service that makes it easy for Veterans to connect with their VA providers by video on their own mobile phones or personal computers. VA Video Connect is currently being used by more than 300 VA providers at 67 hospitals and their associated clinics. It will be rolled out to more VA providers and Veterans across the country over the next year.

Dr. Shulkin also announced the nationwide roll-out of an application to make it easier to schedule or change appointments with VA. The Veteran Appointment Request (VAR) app, is an application that makes it possible for Veterans to use their smartphone, tablet, or computer to schedule or modify appointments at VA facilities. The VAR capability is currently available to Veterans at several locations nationwide. During its initial rollout, Veterans used the app to book more than 4,000 appointments with their providers. VA will continue to roll out the application nationwide – bringing the capability to all VA facilities and clinics.

Conclusion

VA is a leader in providing telehealth services, which remains a critical strategy in ensuring Veterans can access health care when and where they need it. With the support of Congress, we have an opportunity to shape the future and ensure that VA is

leveraging cutting-edge technology to provide convenient, accessible, high-quality care to Veterans.

Mr. Chairman, this concludes my testimony. Thank you for the opportunity to testify before the Committee today. We appreciate your support and look forward to responding to any questions you and Members of the Committee may have.